

NEUROPSYCHOLOGY AND COGNITIVE HEALTH

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Confidential Evaluation: This report is not to be released without the written consent of the patient.

FORENSIC NEUROPSYCHOLOGICAL EVALUATION

Client's Name: Brad Norman
Age: 59 years
Handedness: Right

Date of Birth: [REDACTED]
Education: 12 years

Date of Evaluation: 09/10/2018

Date of Loss: 02/03/2017

Neuropsychologist: Martha Glisky, Ph.D., ABPP-Cn

REASON FOR REFERRAL:

Referral Question: Mr. Norman was referred by his attorney, Mr. Richard McMenamin, at McMenamin and McMenamin Attorneys at Law, for a neuropsychological evaluation in relation to a motor vehicle collision (MVC) that occurred on 02/03/2017.

BACKGROUND AND HISTORY:

The history was obtained through an interview with Mr. Norman, as well as a client history information questionnaire completed by him. Mr. Norman's wife was also present for the interview portion of the evaluation and provided additional collateral information. In addition, medical records were provided and reviewed, and are detailed below as relevant.

Precipitating Event and Presenting Concerns (Based on interview):

Mr. Norman indicated that on 02/03/2017 he was the restrained driver of his vehicle traveling east on Highway 101, back from doing some work in Forks, Washington. He reported that he was on a mile-long grade and at the bottom the road turned to the right. Apparently, a car coming the other direction came into his lane. He reported that his memory included a few seconds before the impact, seeing the car in front of him with a split second of disbelief. He remembered briefly thinking that he should not hang onto the wheel too tight. Then it was "lights out." He reported that he blacked out for a short period of time, he is unsure how long, but then recalls feeling instant pain. He had a coworker in his passenger front seat and his next memory of asking the coworker if he

Client's Name: Brad Norman
[REDACTED]**DOE: 9/10/18****Page: 2**

was okay. He recalled feeling as if in a "black state of awareness," and he thought he was dead. He "woke up" and realized he was not dead. It took him a few minutes to think about what to do and he talked to his coworker about making sure that neither move quickly because they may have injuries. He reported that he took about five minutes to get out of his truck and recalls feeling a lot of discomfort but not necessarily pain. He also felt shook up, knowing that he had been through something. He felt that his thinking was "foggy", and he was a little out of it and slower to process information. He was not disoriented in the sense that he knew where he was. When he looks back on it, he realized he did not initially go over to the other car or worry about the other driver, which is very unlike him. After about 10 minutes, others stopped and helped the other driver and he recalled seeing her walking and knowing she was okay. There was snow and ice on the road and later when he examined her car, he realized that her front tires were new, but the back were bald and that it was likely a traction problem for her that caused her to skid.

A Ranger car was the first on the scene followed by an emergency medical services truck. It apparently was a busy day and the EMTs briefly checked to make sure they were okay and without examining them left to take other calls.

Following the MVC, Mr. Norman noticed immediately that he was not remembering things or thinking clearly. However, he waited somewhere between a few days to one week to seek medical attention. He eventually went to the emergency department and was put through a number of tests including a brain scan. He indicated that this was normal and there was no bleeding. His main concern at that time was that he was not thinking well. He was given a printout indicating that it could be 90 to 180 days for problems to continue. When he continued to experience problems after 90 days he went back, and they told him to wait another 90 days. He saw a chiropractor who referred him to a neurologist due to his continued cognitive concerns. He saw Dr. Rubenstein, who told him that there was no much that could be done, and that he may or may not get better. He said that he could see a speech language pathologist, but he was unsure why since his speech was not problematic.

Ongoing Complaints and Symptoms:

Physically, Mr. Norman indicated that he has no remaining significant issues. He does not have pain or headaches. He did report that his sleep is "not the best," which he realizes at least in part to the MVC with some potential difficulties prior. He reported he wakes up every couple of hours thinking about what he needs to do and wondering if he remembered to do something.

Cognitively, Mr. Norman indicated that everything changed on the day of the MVC in terms of his memory and cognitive abilities. He reported that he was patient for the first 180 days but has seen no benefit or improvement since that time. He reported that he has difficulty with memory and tries to use notepads to help remember things. He now needs to use his phone to record information and remember appointments. He goes

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]**DOE: 9/10/18****Page: 3**

through his calendar every day, as well as a recent call log to help him remember numbers and phone calls. This is very different from how things were previously when he could recall all his needed information without cues. He reported that he manages a schedule for himself and four other employees and there are lots of moving parts. It is important for him to be able to remember everything quickly and his inability to do this has "100 percent messed me up." He reported that someone can tell him something about a project and five minutes later someone else says something else and he loses what was initially said. He reported that he gets upset about his cognitive difficulties and starts to "shake inside." His wife indicated that these cognitive changes are not like him at all and she also notices that he slurs his words at times.

Emotionally, he reported that he generally wakes up and feels good. However, he is more irritable and frustrated than he was previously. His wife reported there is a "snappiness" that is new. He reported that a coworker wanted to make sure that it was noted that he is a little angrier and more frustrated more easily than he was previously. He reported that he feels blessed with his life and his work and generally does not go looking for something wrong. He does note that there are things that he has not done that he used to do such as buying flowers for his wife regularly. He is unsure why that is the case, but it bothers him that it is different. He gets discouraged at times about his inability to run his business as he used to and has considered selling his business as a result.

Other Relevant Past History:

Medical/Psychiatric: Mr. Norman indicated no significant medical problems at this time. He reported some wear and tear on his knees and indicated that he had a general medical exam recently that reported all was normal and good. He did report one previous concussion that occurred in 1973 when he was about 15-years-old. It was caused by a motorcycle accident and was not formally diagnosed. He recalled being "in la la land" afterwards. He had no last sequelae from this. Mr. Norman denied any current or past use of tobacco or marijuana. He reported current alcohol use as about three drinks per week which has been consistent within his past. He denied any current or past problems with any substance abuse or overuse.

Education: Mr. Norman graduated from high school without difficulties and reported getting good grades in school. He denied any special education services.

Occupation: Mr. Norman has worked in the concrete cutting and demolition business for the past 41 years. He has owned his own business since 1993 and runs all of the business aspects himself. He used to run a second business in the past that was a restaurant. He stopped this in 2011, in part due to the decrease in revenue after 9/11. It was a popular restaurant and people have asked him to try to reopen it. He has contemplated quitting his business and going back to the restaurant business which he viewed as less difficult to manage. He reported that it might make him feel better but financially it would be a big decrease.

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]

DOE: 9/10/18

Page: 4

Family/Social: Mr. Norman currently lives with his wife of ten years. He was previously married from 1992 to 2006 and has three grown children from that marriage. His son is 35-years-old and is healthy and successful. His daughter is 25-years-old and in law school. His youngest is 19-years-old and at the University of Portland looking into studying medicine. All are doing very well.

Mr. Norman was born in Texas. His parents split up when he was in the middle of high school and he moved to Washington state with his mother. His parents are both now deceased. His mother died at age 59 from a brain tumor and his father died in his 60s and struggled with alcoholism early in his life. He has two younger brothers that are not doing well. One is three years younger and has had medical issues all of his life including diabetes, hypertension and some potential Gulf War Syndrome. His other brother is seven years younger and has also struggled with chronic tobacco and marijuana use, as well as hypertension. Mr. Norman reported that he continues to do the things he has enjoyed in the past for fun including spending time outdoors fishing, hunting, and boating. He also has two dogs that bring him joy.

RECORD REVIEW:

Department of the Interior, Investigator's Traffic Crash Report: Crash date was indicated as 02/03/2017, in the city of Port Angeles on Highway 101. The vehicle #1 (the other driver) indicated under injury status as no injury, but airbag deployed. The vehicle was towed, and the driver's actions were indicated as "drove too fast for conditions." The vehicle #2, Mr. Norman's vehicle, injury status was indicated as "unknown," and airbag did not deploy. The vehicle type was listed as a pickup truck with a utility trailer. The vehicle was also towed. The statement from Mr. Norman at the scene indicated that the other vehicle (a Jeep Liberty) crossed over into his lane resulting in a T-bone collision. He was coming downhill, and the Jeep was coming up hill. The general report by the officer indicated that vehicle #1 lost control and began to fish tail, crossing the center line and headed toward the ditch when vehicle #2 struck it on the passenger side. The driver of vehicle #1 indicated, "It was my fault." The county fire district arrived and briefly checked all of the occupants and no one was transported. There were also several pictures showing very snowy conditions and a large impact on the front end of Mr. Norman's pickup truck.

Olympic Medical Center, Emergency Department Encounter Report (Date of service 02/14/2017): The history indicated Mr. Norman came to the ED with complaint of neck pain, back pain, and forgetfulness since the MVC on 02/03/2017. He reported he did not feel that he had loss of consciousness but did break the window with his head. He reported mild headaches and most of his concerns being problems with memory. An x-ray of his lumbar spine was done and read as normal. A CT scan of his head was done and was also normal. A CT of his cervical spine indicated no acute abnormalities as well. The impression was of post-concussion syndrome with the mild headaches and memory problems being related to this. It was recommended that he follow up with his

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]**DOE: 9/10/18****Page: 5**

primary care provider and he was discharged home.

Proactive Chiropractic Clinic, George Lawrence, DC (Date of service 02/15/2017): The initial evaluation indicated a description of the collision. In his description, it indicated that Mr. Norman hit his back headrest and his left leg hit the dashboard. He thinks he lost consciousness for a few seconds and was dazed and disoriented following the collision. Following the examination, a plan was created to see him two times a week over a 12-week period to decrease pain and stiffness of the cervical spine, thoracic spine, and lumbar spine. In addition, treatment would increase joint stability of the cervical spine, thoracic spine, lumbar spine, left shoulder and left knee.

Follow-up visits with Dr. Lawrence occurred regularly on dates 02/22/2017, 02/27/2017, 03/06/2017, 03/13/2017, 03/21/2017, 03/27/2017, 03/29/2017, 04/10/2017, 04/12/2017, 04/19/2017, 05/09/2017, 05/24/2017, 06/19/2017, and 06/26/2017. These notes mostly detailed physical examination and treatment. However, several notes also indicated cognitive concerns. On 02/22/2017 it was noted that he had forgotten his appointment the day before so came in that day. He reported his short-term memory was particularly bothersome to him and he used to have a very good memory. On 03/27/2017 the note indicated he had been working but got tired very easily and still experienced short-term memory loss. He had difficulty counting backwards from 100 by 3's while walking. On 03/06/2017 it was noted that he wakes up from pain and was also experiencing headaches. He reported his memory was not as sharp and he was reminded to try Lumosity. On 03/21/2017 he reported his short-term memory was still bothering him and Dr. Lawrence suggested walking and counting backwards from 100 by 3's and doing the alphabet every other letter while walking. On 03/27/2017 he reported short term memory still bothers him but not as bad as it was before. On 05/09/2017 the report indicated his short-term memory had been getting better but was still not back to where it should be. He was prescribed herbal adaptogens which are natural substances that are apparently supposed to help the body adjust to stress. Figure 8 exercises were also given. On 06/19/2017 due to his short-term memory still bothering him, he was referred to Dr. Robert Rubenstein, MD, a neurologist.

Neurology - Robert Rubenstein, MD (Date of service 08/07/2017): He was referred for evaluation and treatment of cognitive complaints after a motor vehicle accident. Mr. Norman went through details of the accident and indicated he has had problems with short term memory that have continued unchanged since the MVC. He reported forgetting recent events, misplacing items, forgetting what he went to the grocery store for, or forget components of routines. His wife also indicated he was shorter tempered and would occasionally slur his words. The assessment indicated post-concussion syndrome with persistent problems with short term memory and short temperedness/irritability following the 02/03/2017 MVC. The recommendation was to be evaluated and treated by a speech therapist who could do cognitive rehabilitation. He was provided with a referral for this.

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]

DOE: 9/10/18

Page: 6

BEHAVIORAL OBSERVATIONS:

Mr. Norman arrived on time to his appointment, accompanied by his wife. He was dressed and groomed neatly and appropriately in casual attire. He was friendly, open and cooperative throughout. His speech was normal in rate, volume, and tone. His overall mood appeared euthymic with a normal and appropriate range of affect observed.

The testing was administered primarily by a psychometrist (Laura Smith) and was completed across a single day of testing. He was able to attend well to the evaluation and understood directions. He worked at a normal pace and persevered well throughout the day. He became more agitated toward the end of the day, particularly when having difficulties on certain tests. He needed additional encouragement for two more difficult tests which caused him frustration. He completed about two hours of testing in the morning and then took a break for lunch. He returned and completed an additional three hours of testing, including completing questionnaires in the afternoon. Overall, he appeared to put forth good effort and the results are deemed to be a reliable indicator of his current functioning.

SUMMARY OF FINDINGS:

The following is a brief summary and qualitative interpretation of test scores in the context of clinical observation and history. The results are based on normative data, allowing comparisons to individuals of the same age. A visual graph of the results appears as an appendix to this report. On this graph, the horizontal midline represents the 50th percentile or average level of functioning.

Measures Administered:

- Beck Anxiety Inventory
- Beck Depression Inventory-II
- Benton Judgment of Line Orientation
- Boston Naming Test
- California Verbal Learning Test-2
- Category Test
- Controlled Oral Word Association Test
- Delis-Kaplan Executive Functioning Systems (Color Word)
- Green's Word Memory Test
- Grooved Pegboard Test
- NAB Numbers and Letters Test
- Paced Auditory Serial Addition Test
- Personality Assessment Inventory
- Rey Complex Figure Test
- Trail Making Test

CONFIDENTIAL

Client's Name: Brad Norman

DOE: 9/10/18

Page: 7

- Verbal Fluency
- Victoria Symptom Validity Test
- Wechsler Adult Intelligence Scale-IV (WAIS-IV)
- Wechsler Memory Scale-IV (WMS-IV)
- Test of Premorbid Functioning (TOPF)

Effort, Motivation and Validity of Obtained Results: Mr. Norman appeared to put forth good effort throughout the evaluation. He performed within normal limits on all formal and embedded measures of effort, motivation and performance validity. He met validity standards.

Premorbid Ability and Current Intellectual Functioning: Mr. Norman scored in the High Average range on a single word reading test, one measure of premorbid ability (TOPF = 79th percentile). His Full Scale IQ and General Ability Index scores were in the Superior range (FSIQ = 91st percentile, GAI = 93rd percentile). Both his Verbal Comprehension Index and his Perceptual Reasoning Index were in the High Average range (VCI = 88th percentile, PRI = 90th percentile).

Attention/Concentration and Working Memory: Mr. Norman was able to sustain his attention adequately throughout the evaluation. His auditory working memory abilities were in the Superior range (WMI = 95th percentile). His visual working memory on a single measure was in the Average range (Symbol Span = 37th percentile).

On a measure of attentional speed and efficiency, his scores showed some variability. His overall attentional speed was in the Average range (NAB Part A Speed = 66th percentile), and he made an average number of attentional omission errors (NAB Part A Errors = 34th percentile). His other attentional efficiency measures were within the Average to Above Average range (Part A to Part D Efficiency = 42nd to 86th percentile). He did however have significant difficulties on a divided attention component of the task with his Part D Disruption score in the Mildly Impaired range (Part D Disruption = 10th percentile). On a complex measure of divided and sustained auditory attention, he also performed below expectation and in the Low End of Average to Low Average range (PASAT 3' = 20th percentile, 2' = 30th percentile).

Processing Speed: On an overall measure of processing speed, Mr. Norman's score was in the Average range but significantly below expectation given his other intellectual abilities (PSI = 50th percentile). This was primarily due to a slower performance on one of the two subtests of this measure (Symbol Span = 16th percentile, Coding = 84th percentile). On other measures of speeded performance, his performance was within expectation including a visual scanning task (Trail Making Part A = 83rd percentile) and the more complex cognitive flexibility portion was also in the High Average range (Trail Making Part B = 80th percentile). His color naming and word reading speeds were also well within expectation (DKEFS Color Naming = 95th percentile, Word Reading = 91st percentile).

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]

DOE: 9/10/18

Page: 8

Learning and Memory: Mr. Norman's learning and memory particularly for auditory information was below expectation with his overall Auditory Memory Index in the Low Average range (AMI = 16th percentile). He scored in the Mildly Impaired range on the initial trial of a story recall task (Logical Memory I = 9th percentile), improving only to the Low Average range on delayed recall (Logical Memory 2 = 16th percentile). On a list learning task, his initial encoding of the list was below expectation (CVLT-2 Trial 1 = 31st percentile) with evidence of a somewhat limited learning curve over the five trials, but by Trial 5 also at the same level (CVLT-2 Trial 5 = 31st percentile). Overall learning curve was below expectation for him (CVLT-2 Total = 21st percentile). He generally retained the information learned, with both short and long delay recalls also at the 31st percentile. His recognition memory for the information was below expectation (Recognition Memory = < 1st percentile).

His visual memory was slightly better but still below expectation for him. On an initial simple visual memory task, he scored within expectation (Visual Reproduction 1 = 75th percentile). He lost some information over a time delay (Visual Reproduction 2 = 25th percentile). He also had difficulties on a more complex geometric figure at both immediate recall (Ray Figure = 8th percentile) and at the longer delayed recall (Ray Complex Figure Delay = 3rd percentile).

Visuospatial/Perceptual Functioning: Mr. Norman appeared able to perceive basic pictures and drawings of objects without difficulty. As mentioned previously, he scored in the High Average range on overall Perceptual Reasoning Index. He was generally able to judge the distance and orientation of line segments and scored in the Average range (JLO = 40th percentile). His ability to copy a complex geometric figure was impaired showing very poor planning and organization, as well as visual spatial disorientation (Ray Figure = < 1st percentile).

Speech and Language: Speech was normal in rate, volume, and tone. His overall confrontation naming was in the Superior range (BNT = 60/60). His verbal fluency was also in the Superior range both for phonemic cues (COWAT = 99th percentile) and for category cues (Category = 96th percentile). As mentioned previously, both his naming and reading speeds were also intact and within expectation (Naming = 95th percentile, Reading = 91st percentile).

Executive Functions/Problem Solving: His overall performance on measures of executive functioning appeared to be intact. He scored within at least the High Average range on measures of cognitive flexibility (Trails B = 80th percentile) inhibition, and inhibition/switching (DKEFS Inhibition and Inhibition/Switching = 91st percentile). On a higher-level abstract reasoning and problem-solving task, his performance was in the Average range (Category Test = 54th percentile). He did show some difficulty with visual planning and organization on a geometric drawing task as mentioned above (Ray Complex Figure = < 1st percentile).

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]

DOE: 9/10/18

Page: 9

Motor/Sensory Functions: Mr. Norman's overall fine motor speed and dexterity was at least Average bilaterally (Grooved Pegboard RH = 77th percentile, LH = 72nd percentile).

Psychological/Personality Functioning: Mr. Norman completed the Beck Anxiety Inventory (BAI) and Beck Depression Inventory-2 (BDI-2), self-report measures of anxiety and depression respectively. He scored in the Minimal range on both, indicating no significant clinical symptoms of either depression or anxiety. On the BDI-2, he did endorse feeling somewhat discouraged, agitated and irritable, as well as experiencing loss of interest and more fatigue.

Mr. Norman also completed the Personality Assessment Inventory (PAI), a 344-item self-report measure of psychological and personality functioning. Overall, he completed this in a valid and consistent manner. There were no elevations on this measure indicating significant clinical psychopathology. Overall the profile is entirely within normal limits and his self-concept indicated he has a fairly stable self-evaluation and approaches life with a clear sense of purpose.

EVALUATION SUMMARY:

Mr. Norman is a 60-year-old male who was involved in a motor vehicle collision on 02/03/2017 when a car slid in front of him causing him to T-bone it. There was extensive damage to both vehicles and both were totaled. Mr. Norman has a blank spot in his memory and believes he lost consciousness briefly. He was also disoriented, dazed, and foggy following the collision. He was diagnosed with a concussion after medical evaluation, and also had some ongoing back and neck injuries that were treated with chiropractic care. Mr. Norman's concerns have been primarily related to decreased memory and cognitive functioning since immediately following the collision with not much improvement over time. He has managed to keep working but it has been more difficult and challenging for him. His wife also notices increased irritability and more frustration.

The current neuropsychological evaluation found premorbid and current intellectual abilities in the High Average to Superior range. Many of his other cognitive functions also remained in this range. In particular, language abilities were an area of significant strength with naming and verbal fluency performances also in the High Average to Superior range. Working memory for auditory information was intact, with slightly lower visual working memory functions. His overall processing speed showed some variability but was generally intact on most measures administered.

The following areas of difficulty were noted:

- **Memory and Learning:** Memory and learning were the area of most significant and notable difficulty. He showed Low Average to Borderline Impaired performances on auditory memory tasks including story learning and list learning.

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]

DOE: 9/10/18

Page: 10

Visual memory was also below expectation, particularly for more complex material.

- **Attention:** He performed adequately on basic attention tasks but showed significant difficulties when required to divide his attention on both visual and auditory tasks (with performance ranging from the 10th to 30th percentiles).
- **Visual Spatial Functioning:** His overall Perceptual Reasoning Index was in the High Average range. However, he performed in the Average range on a simple line judgment task and on the block design task in the Perceptual Reasoning Index. He had notable difficulties on a visual spatial planning and organization task. This may be in part to executive functioning difficulties (planning and organization) but also showed evidence of some visual spatial distortion.
- **Executive Functioning:** Basic measures of executive functioning were intact and within expectation given his intellectual abilities. On an abstract reasoning and problem-solving task, he performed in the Average range but below expectation given his intellectual abilities. He also showed very poor planning and organization on the visual task.
- **Psychological and Emotional Functioning:** Mr. Norman is not expressing any significant symptoms of either depression or anxiety. However, others have reported that he is more prone to frustration and angered more easily.

DIAGNOSTIC FORMULATION:

Mr. Norman was in a significant motor vehicle collision on 02/03/2017. He described a possible loss of consciousness, and feelings of foggy and confusion immediately following. He experienced a headache and memory problems very shortly after the collision and was diagnosed with a post concussive syndrome. Based on the information available, he suffered from a concussion/mild traumatic brain injury in the 02/02/17 MVC. On the current neuropsychological evaluation, there is evidence of some areas of ongoing cognitive difficulty consistent with a mild traumatic brain injury (TBI). At this time, he meets criteria for a diagnosis of Mild Neurocognitive Disorder due to traumatic brain injury (DSM-5 331.83). In addition, although he does not show evidence of depression or anxiety, he meets criteria for an Adjustment Disorder NOS (DSM-5 309.9), based on some ongoing difficulties following the motor vehicle collision and adjustment to the changes.

There was no evidence of any cognitive difficulties reported prior to this collision, and both he and his wife report the significant difficulties changing immediately following and persisting. There is no other significant medical history or potential cause for these cognitive changes. The collision on 02/03/2017 was the cause of the above diagnoses on a more probable-than-not basis.

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]DOE: 9/10/18
Page: 11**PROGNOSIS and IMPACT on FUNCTIONING**

At this time Mr. Norman is almost 18 months post injury. The majority of neurocognitive recovery typically occurs by this point in most individuals. However, there are some individuals who have some persisting symptoms that may continue to show some improvement with additional time and healing. Mr. Norman has been able to return to work and has been doing it successfully although it has been more challenging. He will likely be able to continue to, with some minor accommodations.

Given Mr. Norman's age, it is possible that his recovery trajectory will take longer than is typical. The pattern of his performance, including the greatest impairments in the area of memory, is more common in older individuals than in younger individuals following a mild TBI. It would be important to continue to monitor his symptoms and a follow-up evaluation would be necessary if he does not show continued improvement or shows decline over time. A decline is unlikely, but given his age, the possibility that this has triggered a further and ongoing decline cannot be ruled out.

RECOMMENDATIONS

Based on the results of this evaluation, the following recommendations are offered:

1. Medical Follow-up: Mr. Norman indicated that most of his physical pain has resolved. He continues to have some sleep difficulties that should be monitored and treated if necessary.
2. Cognitive Remediation: Mr. Norman may benefit from some cognitive remediation therapy, with a therapist who specializes in higher level cognitive difficulties.
3. Psychological Functioning: Mr. Norman is generally doing well from a psychological perspective. Psychotherapy services should be available to him, if needed. Because of the MVC, he will be more vulnerable to depression and anxiety in the future.
4. Daily Activity and Occupational Functioning: At this time Mr. Norman has been able to return to his previous occupation. He finds it more challenging and has had to implement more accommodation strategies. He may wish to make some adjustments to his work load and obtain some more assistance to help him with some of the basics, particularly those involving memory. In addition, it will be important for him to continue to remain physically, cognitively, and socially active in his daily life.
5. Neuropsychological Follow-up: A follow-up neuropsychological evaluation is recommended in six to twelve months to assess any progression, improvements,

CONFIDENTIAL

Client's Name: Brad Norman
[REDACTED]

DOE: 9/10/18

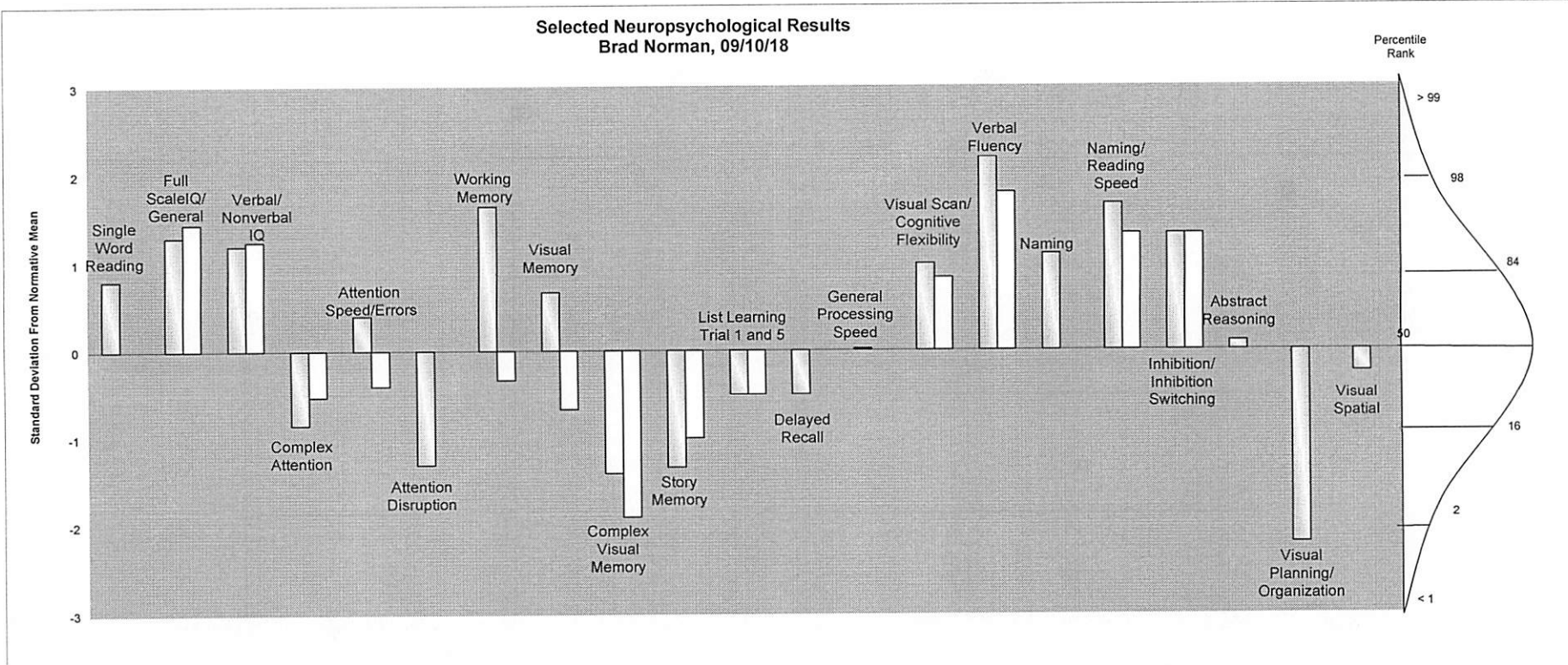
Page: 12

and/or residual deficits. Although most improvements typically occur in the first 18 months, additional neurocognitive recovery is possible through 24 months.

Thank you for the opportunity to participate in this evaluation. The above opinions are based on the information available at the time of this evaluation. I reserve the right to alter my opinions and case formulation if additional information becomes available in the future.

Martha Glisky, PhD., ABPP-CN
Licensed Clinical Psychologist
Board Certified in Clinical Neuropsychology

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INFORMED CONSENT CONTRACT for LEGAL/FORENSIC EVALUATIONS

This Forensic Neuropsychological Evaluation is being conducted at the request of:

Mc Menamin Law

and is therefore somewhat different than other purely clinical services. It is important for you to understand how an evaluation requested by an attorney can differ from a purely clinical psychological or neuropsychological evaluation.

While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about how you are functioning neuropsychologically and psychologically to the individual or agency requesting the evaluation.

In most cases, this evaluation is intended for use in some type of a legal case. As such, the confidentiality of the evaluation and the results are determined by the rules of that legal system. If your attorney has requested this evaluation, he/she will receive a copy of my report and will determine how it is to be used and who has access to it.

Normally, the results of this evaluation are protected by the attorney-client privilege. Exceptions to this might include a determination on my part that you are dangerous to another person or if you reveal information that a child has been abused. I would also have to release this information if a court orders me to do so. There may be other examples where the laws require me to release the information obtained during the evaluation. We will discuss these situations on a case-by-case basis.

Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it will probably be admissible into evidence as well as any other information that was provided concerning your psychological and neuropsychological functioning. The raw data obtained during this evaluation is protected separately and will only be released to another qualified neuropsychologist. If you have any concerns about the use or distribution of my report, you should discuss these issues carefully with your attorney.

If someone other than your attorney requested the evaluation, that individual is my client and he/she has complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because the evaluation was requested by another party, and is not for the purpose of treatment or counseling, the confidentiality may have fewer legal protections. I will not release the information unless instructed to do so by the person or entity that hired me or when I am legally required to do so.

Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document. You also have the right to stop the evaluation at any time. **It is very important that you give your full and honest effort throughout the evaluation. If you do not do so, the evaluation may not be helpful to you, and can have a negative impact on your case.** There may be legal consequences if you stop the evaluation or do not put forth sufficient effort; therefore, it would be in your best interest to consult with an attorney before doing so. However, if you are unable to continue to the evaluation, we will make all efforts to schedule an additional appointment to return for completion. The evaluation itself consists of two separate parts: an oral interview and neuropsychological testing. The testing portion is typically quite lengthy and lasts a full day. In addition, it may be necessary for me to review other related materials such as court records, depositions, transcripts, medical records, etc.

If, at any time, you have a question about any aspect of the evaluation or these procedures, please feel free to ask me. In addition, if at any time you need a break from the evaluation, please let me know and we will stop. Once the evaluation is completed, and with the permission of the requesting party, I may be able to have a meeting with you to explain the results and answer any questions you might have.

I have read and agree to the above:

Date:

9/10/18

Printed Name:

BRAD E NORMAN

NEUROPSYCHOLOGY & COGNITIVE HEALTH

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CLIENT INFORMATION FORM

Patient's Name Bravo Norman Date 8/8/18

Age 59 Birth Da [REDACTED] Sex M Hand used for writing: Right X Left

Address: [REDACTED]

Phone: [REDACTED]

E-mail address: [REDACTED]

Who do you live with? WIFE

Referred by: ATTY.

Ethnic or Racial Background Primary Language ENGLISH Secondary

Primary Problem Related to Referral: MEMORY RECALL / SHORT TERM
DIFFICULTY

What are your goals for treatment/evaluation? IMPROVE

MEDICAL INFORMATION RELATED TO CURRENT PROBLEM:

Present Condition:

Date of Onset: Diagnosis: POST CONCUSSION SYNDROME

How did problem/injury occur: HEAD-ON - COLLISION VS TRUCK 101

Current symptoms: MEMORY DIFFICULTY SHORT TERM RECALL

Treatments for problem:

BELOW THERE ARE A NUMBER OF POSSIBLE SYMPTOMS YOU MAY BE EXPERIENCING. PLEASE CHECK THOSE SYMPTOMS YOU HAVE EXPERIENCED SINCE YOUR CURRENT MEDICAL SITUATION AS "NEW". IF YOU HAVE ALWAYS HAD DIFFICULTY IN THAT AREA CHECK "OLD". IF YOU HAVE EXPERIENCED A WORSENING OF A PRE-EXISTING DIFFICULTY, CHECK BOTH "OLD" AND "NEW"

IF YOU DO NOT EXPERIENCE THAT SYMPTOM AT ALL LEAVE IT BLANK.

Date of Onset of **new** symptoms: 2/3/17

PROBLEM SOLVING

Old New

___	___	Difficulty figuring out how to do new things
___	___	Difficulty planning ahead
___	<u>X</u>	Difficulty thinking as quickly as needed
___	___	Difficulty doing things in the right order (sequence problems)
___	___	Difficulty changing a plan or activity when necessary
___	___	Difficulty completing activities in a reasonable amount of time
___	<u>X</u>	Difficulty doing more than one thing at a time
___	___	Difficulty switching from one activity to another activity
___	<u>X</u>	Easily frustrated <u>— THIS CONDITION ONLY</u>
___	___	Other problem solving difficulties: _____

SPEECH, LANGUAGE, AND MATH SKILLS

Old New

___	___	Difficulty finding the right word to say
___	___	Difficulty understanding what others are saying
___	___	Unable to speak
___	___	Difficulty staying with one idea
___	___	Difficulty writing letters or words (not due to motor problems)
___	<u>X</u>	Slurred speech
___	<u>X</u>	Odd or unusual speech sounds
___	___	Difficulty understanding what I read
___	___	Difficulty spelling
___	___	Other speech, language, or math problems: _____
___	___	Difficulty with math (checking balancing, making change, etc.)

NONVERBAL SKILLS

Old New

___	___	Difficulty telling right from left
___	___	Difficulty doing things I should automatically be able to do (brushing teeth, etc.)
___	___	Problems drawing or copying
___	___	Difficulty dressing (not due to physical difficulty)
___	<u>X</u>	Problems finding my way around familiar places <u>*</u>
___	___	Difficulty recognizing objects or people
___	___	Parts of my body do not seem as if they belong to me
___	___	Unaware of things on one side of my body: Right ___ Left ___
___	___	Decline in my musical abilities
___	___	Not aware of time
___	___	Slow reaction time

NO LONGER TURN ON RADIO 2 IN VEHICLE

___ ___ Other nonverbal problems: _____

CONCENTRATION AND AWARENESS

Old New

___ ___ Highly distractible
 ___ ___ Lose my train of thought easily
 ___ ___ Problems concentrating
 ___ ___ Become easily confused or disoriented
 ___ ___ Blackout spells (fainting)
 ___ ___ My mind goes blank
 ___ ___ Aura (strange feelings, sensations, or smells)
 ___ ___ Don't feel very alert or aware of things
 ___ ___ Other concentration or awareness problems: _____

MEMORY

Old New

___ ☒ Forgetting where I leave things (keys, gloves, etc.)
 ___ ___ Forgetting names
 ___ ___ Forgetting where I am or what I am doing
 ___ ☒ Forgetting events that happened quite recently (e.g., last meal)
 ___ ___ Forgetting events that happened long ago (months or years)
 ___ ☒ Relying more and more on notes to remember things
 ___ ___ Forgetting the order of things (e.g., when cooking, etc.)
 ___ ___ Forgetting facts, but I can remember how to do things
 ___ ___ Forgetting faces of people I know (when they are not present)
 ___ ☒ Frequently forgetting appointments
 ___ ___ Other memory problems: _____

MOTOR AND COORDINATION:

Check the side on which it is a problem:

Old New

Right Left Both

___	___	Fine motor control problems (using a pencil, key, etc.)	___	___	___
___	___	Weakness on one side of my body	___	___	___
___	___	Difficulty holding onto things	___	___	___
___	___	Tremor or shakiness	___	___	___
___	___	Muscle tics or strange movements	___	___	___
___	___	My writing is very small			
___	___	Feeling stiff			
___	___	Balance problems			
___	___	Difficulty starting to move			
___	___	Muscles tire quickly			
___	___	Often bumping into things			
___	___	Other motor or coordination problems: _____			

SENSORY**Old New****Check the side on which it is a problem:****Right Left Both**

___	___	Loss of feeling or numbness	___	___	___
___	___	Tingling or strange skin sensations	___	___	___
___	___	Difficulty telling hot from cold	___	___	___
___	___	Double vision	___	___	___
___	___	Blurred vision	___	___	___
___	___	Blank spots in vision	___	___	___
___	___	Brief periods of blindness	___	___	___
___	___	See "stars" or flashes of light	___	___	___
___	___	Difficulty looking quickly from one object to another	___	___	___
___	___	Need to squint or move closer to see clearly	___	___	___
___	___	Hearing loss	___	___	___
___	___	Ring in my ear	___	___	___
___	___	Difficulty tasting	___	___	___
___	___	Difficulty smelling	___	___	___
___	___	Hallucinations Visual ___ Auditory ___	___	___	___
___	___	Smelling strange odors	___	___	___
___	___	Other sensory problems: _____	___	___	___

PHYSICAL**Old New**

___	<u>+</u>	Headaches	<u>FIRST FEW MONTHS AFTER 2/3/17</u>
___	___	Dizziness	
___	___	Nausea or vomiting	
___	___	Urinary incontinence	
___	___	Loss of bowel control	
___	___	Excessive tiredness	
___	___	Other physical problems: _____	

BEHAVIOR**Old New****Rate how severe:****Mild Mod. Severe**

___	___	Sadness or depression	___	___	___
___	___	Anxiety or nervousness	___	___	___
___	___	Stress	___	___	___
___	___	Sleeping problems: (Falling asleep ___ Staying asleep ___)	___	___	___
___	___	Become angry more easily	___	___	___
___	___	Euphoria (feeling on top of the world)	___	___	___
___	___	Much more emotional (e.g. cry more easily)	___	___	___
___	___	Feel as if I just don't care anymore	___	___	___
___	___	Doing things automatically (without awareness)	___	___	___
___	___	Less inhibited (do things I would not do before)	___	___	___
___	___	Difficulty being spontaneous	___	___	___
___	___	Change in eating habits: _____	___	___	___
___	___	Change in interest in sex: _____	___	___	___
___	___	Other recent changes in behavior or personality: _____	___	___	___

Overall, my symptoms have developed: ☐ Slowly ☒ Quickly

My symptoms occur: ☐ Occasionally ☒ Often

Over the past 6 months, my symptoms have: ☒ Stayed about the same
☐ Worsened
☐ Improved

MEDICAL HISTORY:

Childhood: Please list any major medical problems, surgeries, or accidents that occurred during childhood.

As a child, did you have an accident which required a hospital visit? No ☐ Yes ☒

If yes, describe what happened: Hernia surgery 1963

As a child, did you ever suffer a serious injury to your head? No ☒ Yes ☐

How Many? ☐ Date(s) of injuries ☐

ADULT MEDICAL HISTORY

Check all that apply:

<input type="checkbox"/> AIDS, ARC, or HIV +	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> Anoxia (lack of air/oxygen)	<input type="checkbox"/> Huntington's disease	<input type="checkbox"/> Polio
<input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Psychiatric problems
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Radiation exposure
<input type="checkbox"/> Blood disorder	<input type="checkbox"/> Liver disease	<input type="checkbox"/> Senility (dementia)
<input type="checkbox"/> Brain disease/infection	<input type="checkbox"/> Respiratory disease	<input type="checkbox"/> Sleep Disorder
<input type="checkbox"/> Cancer or chemotherapy	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Sleep apnea
Type: <input type="checkbox"/>	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Other
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Stroke/TIA
<input type="checkbox"/> Hazardous substance exposure		
<input type="checkbox"/> Any other problems: <input type="checkbox"/>		

As an adult, did you ever suffer a serious injury to your head? No ☐ Yes ☒

How Many? 1 Date(s) of injuries 2/3/17

Circle injuries that resulted in loss of consciousness. →

Other Medical History:

	Me	Family Member
<input checked="" type="checkbox"/> Alcoholism	_____	<input checked="" type="checkbox"/> _____
<input type="checkbox"/> Bipolar illness (manic depression)	_____	_____
<input type="checkbox"/> Depression	_____	_____
<input type="checkbox"/> Personality disorder	_____	_____
<input type="checkbox"/> Schizophrenia	_____	_____
<input type="checkbox"/> Other psychiatric illness	_____	_____
<input type="checkbox"/> Learning Disabilities	_____	_____

Substance Use:

Tobacco: Current use? Yes ☐ No ☒ How much: _____ Past Use? Yes ☐ No ☒ How much: _____

Alcohol: Current use? Yes ☒ No ☐ How much: 3/wk Past Use? Yes ☒ No ☐ How much: 3/wk

Marijuana: Current use? Yes ☐ No ☒ How much: _____ Past Use? Yes ☐ No ☒ How much: _____

Other: Current use? Yes ☐ No ☒ How much: _____ Past Use? Yes ☐ No ☒ How much: _____
Name of substances: _____

Psychological History:

Prior Psychological/Psychiatric diagnoses (before current incident): _____

New Psychological/Psychiatric diagnoses (since current incident): _____

Are you currently receiving psychiatric/psychological treatment? Yes _____ No ☒
Name of provider(s): _____

Have you ever been treated for psychological or psychiatric problems? Yes _____ No ☒

What type of treatment? _____

Have you ever had a psychiatric hospitalization? Yes _____ No ☒

MEDICAL TESTING

Check medical tests that have been conducted and report any abnormal findings (if known):

	Check here if normal	Abnormal findings
<input checked="" type="checkbox"/> Blood work	<input checked="" type="checkbox"/> _____	_____
<input checked="" type="checkbox"/> Brain scan (Circle MRI or CT)	<input checked="" type="checkbox"/> _____	_____
<input type="checkbox"/> EEG	_____	_____
<input type="checkbox"/> Lumbar puncture or spinal tap	_____	_____
<input type="checkbox"/> Neurological office exam	_____	_____

Have you ever had a prior psychological or neuropsychological evaluation?

Yes ___ No X: Year ___ Name of psychologist: _____

EDUCATIONAL HISTORY:

Years of education completed: 12 Highest Degree Diploma HS
 Schools & Year(s) graduated: EVERGREEN H.S. CLARK COUNTY, WA 1976

High school GPA (approximate) 3.0 College GPA: —

Any learning difficulties? Yes No If yes, explain _____

Special education? Yes No If so, reason for special Ed: _____

WORK HISTORY (List most recent first):

Are you currently working? Yes X No _____ Date since last worked? _____

Type of Job/Company: _____ Dates/Years Worked _____ Reason for leaving _____

CONCRETE CUTTING & DEMOLITION / 41 years

FAMILY HISTORY:

Marital Status (circle one): **Married** How long? 10 yrs **Single** **Divorced** **Widowed**

Please list all immediate family members, including parents, brothers, sisters, husband/wife, and children

First Name	Age	Relationship to you	Medical/psych problems?
<u>JULIE</u>	<u>55</u>	<u>WIFE</u>	<u>X</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What activities (hobbies, social, exercise) did you enjoy prior to the current problems?

OUTDOOR - FISH - HUNT - BOATING

What do you do you currently do for fun (hobbies, social activities etc.)? _____



Are you working with an attorney? Yes X No _____

Attorney's Name & Address:

RICH MCMENAMIN

List any medications you currently take (over-the-counter or prescription medication), and the dosage:

Medication

NONE

Prescribed for:

Taken since:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS FORM HAS BEEN COMPLETED BY: Patient X Other _____

If not completed by the patient, please provide the following information:

Name _____ Relationship to Patient _____

Richard M. McMenamin
Shari McMenamin
Patrick McMenamin



Toll Free
(866) 374-6532
sequimmcmmlaw@olympen.com

August 13, 2018

Neuropsychology & Cognitive Health
Attn: Martha L. Glisky, PhD
1808 Richards Road, Suite 113
Bellevue, Washington 98005

Re: *Brad Norman vs. Linda Huard-Hoffman*
Date of Loss: February 3, 2017

Dear Dr. Glisky:

Thank you for agreeing to do an examination and testing of Mr. Brad Norman. Enclosed please find our check in the amount of \$3,000.00 representing the required advanced fee. Mr. Norman was involved in a head-on collision on February 3, 2017. In order to help you better understand the collision and what Mr. Norman experienced physically, we are enclosing the police report and photos taken of the vehicles involved. We have also enclosed his medical records we have obtained to date. They are as follows:

1. Neuropsychology Client Information Form completed by Brad Norman.
2. Police Report.
3. Photos of both vehicles involved in the collision.
4. Olympic Medical Center Emergency Room records.
5. Pro Active Chiropractic Clinic / George Lawrence, DC medical records.
6. Robert Rubenstein, MD medical records.

Mr. Norman was diagnosed with Post Concussive Syndrome by Robert Rubenstein, MD. He is very concerned over his continuing memory problems.

Hopefully, you will be able to address the following issues and their relationship to the February 3, 2017 collision.

Port Angeles □
709 South Peabody Street
Port Angeles, WA 98362
(360) 452-9242
Fax: (360) 457-5640

Sequim X
544 North Fifth Avenue
Sequim, WA 98382
(360) 683-8210
Fax: (360) 683-8315

Neuropsychology and Cognitive Health
August 13, 2018
Page -2-

1. History;
2. Pre-Existing;
3. Diagnosis;
4. Causation:
 - A. Mechanism of injury;
5. Treatment:
 - A. Was care related and reasonable and necessary as to your diagnosed conditions?
6. Current status;
7. Ability to work;
8. Permanency rating;
9. Prognosis:
 - A. Based upon reasonable medical probability, what is your opinion as to the future course of the condition?
 - B. Necessity for future treatment:
 - (1) What type of treatment?
 - (2) Who will need to render it?
 - (3) Probable cost of future treatment?
10. Further diagnostic tests;
11. Other.

Sincerely,



RICHARD McMENAMIN
Attorney at Law

RM/sw

Enclosures (as stated)

G:\OFFICE\Personal Injury\Norman, Brad - KB\180808 Glisky.wpd

Neuropsychology and Cognitive Health

Brad Norman

8/13/2018

3,000.00

First Federal Gen Acct Brad Norman

3,000.00

McMENAMIN & McMENAMIN PS

4248

Neuropsychology and Cognitive Health

Brad Norman

8/13/2018

3,000.00

First Federal Gen Acct Brad Norman

3,000.00

**McMENAMIN & McMENAMIN PS**

544 N 5TH AVE
 SEQUIM WA 98382
 360-883-8210

FIRST FEDERAL BANK
 P.O. BOX 381
 PORT ANGELES, WA 98382

98-7084/3251

CHECK NUMBER

8/13/2018

PAY TO THE
 ORDER OF

Neuropsychology and Cognitive Health

\$ **3,000.00

Three Thousand and 00/100

DOLLARS

Neuropsychology and Cognitive Health
 1808 Richards Road Suite 120
 Bellevue WA 98005

MEMO

Brad Norman

AUTHORIZED SIGNATURE

MP

McMENAMIN & McMENAMIN PS

Neuropsychology and Cognitive Health

8/13/2018

Brad Norman

3,000.00

First Federal Gen Acct Brad Norman

3,000.00

McMENAMIN & McMENAMIN PS

Neuropsychology and Cognitive Health

8/13/2018

Brad Norman

3,000.00

First Federal Gen Acct Brad Norman

3,000.00

NEUROPSYCHOLOGY & COGNITIVE HEALTH

1808 Richards Rd., Suite 120 • Bellevue WA 98005 • Phone: 502-8341

Initial Date of Contact to schedule: 5/24/18

Provider: MG JH HS

Patient Name Brad Norman

Date Scheduled: 9/10 @ 9:30 am

Date of Birth: _____

Preferred Phone Number: Contact Sally : 360-683-8210

Reminder Call/Email: _____

Referring doctor/attorney: McMinimum Law

Clinical or Legal Case: Legal

Date of Injury or Onset:

DOI: 2/3/2017

Previous NP? _____ Completed By: _____

Insurance:

Subscriber Name/DOB:

ID #: _____ Group #: _____

☐ Paperwork Sent: Email OR Mail

o Date Sent: 5/31

To Sally

☐ Clinical Referral/Records Received:

o Date Received : _____

☐ Legal Case Records Received: Email OR Mail

o Date Received: _____

☐ Pre-pay for Legal Case Received:

o Date Received: _____

9/10/18
9/10/18

Brad Norman

MVC - 2/3/17 - a rem. day after
- on time, as cross
- will be

- traveling east on 101
- back from work in FMCJ
- mile long grade + @ within
road turns to @
- can want to pass +
brake

- impact

- all went black
- instant pain

few sec. B-4 scene can in
front w/ split sec. d. his belief
- rem. shrouded hang in
- "lights out" - blurred out
short - all now in

Ben belted - @ within a pass

First man - asle @ @ with
OK - he was shaken up
as with

two days
about 10
days

showed pics -

- truck bashed in front
esp his side

- head rest

Period of time - "black state of
awareness - thought
dead" - relaxed - somewhere
Thinking "what's next?" etc

Woke up + realized - & dead.

Took a few minutes to talk abt
didn't move quickly - he v.
careful of him

- took 5 min to get out
of truck

- discomfort - not pain.

- shock up - knew been thru
s.t

(enc - co-worker - had braced self against
dash, head thump).

mean my 61 pager 2nd car
 comes from the street,"

- traction pub when missed
 - her front tires new, back
 walked to her car in 1 hr (at)

Swed/ice -

- her car broadcast / f-bay
 - saw her walk away
 helped other driver
 ~ 10 min - others stopped +

~ nearly not me

look back + realize didn't
 think abt / leave abt other car

where I was.

- not disoriented - (knew)

Thinking - foggy - a little out
 of it, slurs

In Olympic Nat. Park

- Ranger can there 1st

EMS truck showed up

asked if OK + left for
other jobs - no exam @ all

2-3 days or maybe a week late
medical attⁿ

- Knew immediately that
I remembering or thinking clearly

- Saw neighbor @ mailbox who
said, get check out b/c
st could be wrong
in head

Went to ER / Urgent Care

↳ sent to another clinic &
they sent back

- block appt
⇒ back to ER + see then get
in rt away.

②

Put through ts/s

- brain scan - normal
@ bleed

Main concern - ϕ thinking well

- gave me printout

- said could have
pub 90-100 days

- so waited 90 days +
still pubs so went back
w/c still pubs

- then said wait
another 90 days

Saw Chiro

- rec. another eval^r &
made appt w/ Rubenstein
~ 45 days out
- called Chiro to follow up

Called them directly - never heard
+ asked for referral - No

Told them - make me the appt
So did + v. simple, quick
n 20 min.

¹² Said 'could possibly go away,
but could also be stuck
w/ it'

Nothing to do - rec. sup
maybe - speech
jn

Called attorney - Let's get it over
- due process + to
have n/a

difficult - v

wife - not like him @ all

Someone says it's all correct - 5
man later someone else talks +
this is what was said B-V

from person who
guides is input + that has
to ability to run everything
- lots of money & deals
Schedule for say + 4 other guys
and would be a lot of money

st. 750 that part related.
wonder if rem. to do

- wake up every couple hrs

Sleep - not the best - all mine
not sure

φ headaches

φ issues

Physical

Look @ schedule board + rem.
"data mem."

└ now can't @ all

- day of MWC - all changed
in terms of own
mem/cog. abilities changed

was pt - 1st 180 days \Rightarrow actually the
same - no bett

Tried to work on it

Use not pads more

Phone - new - how to use &
have it

Go through calendar everyday

└ recent call log - have
names in to rem. #s + calls
- used to know pn #s

- to remind self (80% call
10-25% text)

5

Cue of call will trigger
mem of whost called

He gets upset abt it

"start to shake inside"

Other cog

- still focused

- Problem solve - new strength

↳ can take apart - & together

wife: slur words stings

wife & co-workers notices

Snappiness now that's new

- frustrat^{ed} love

creaky - never like that

mood : wake up +
feel good

good sense
humor.

Co-worker - wanted wife to make sure
to tell me that he's a little
more angry, frustrated more
easily

→ feel blessed w/ life, work.
- don't go looking for st wrong.
- don't scream/yell - but
get things done.

Wife : forgetfulness

Haven't put together sleep as this
Realize - used to buy flowers for her
+ now I don't

↳ butters me that's diff 't - howev^{er}
to me

Is it a repercussion? IDK.

(6)

Fun

- She loves to fish
so do fishing, boating &
water activities
- do plenty of that.

Planning these things still

Pets - bring joy -

2 dogs

- new one / pup.

Recreation = good + make me grin

Med Hx

wean + fear - knees

4 mos ago - gen. medical exam
- full work up
- all normal / good.

Prev. concussⁿ? Yes, 1973, under age 15
- motorcycle accident
- in "La-La land"

run all business aspects self

- cannot swim/daily w/ related difficulty
- large tower equipment excavator

1993- Own Business

- chimney hood

- shower ok

- shower 1976

- pants size

Grant County, WA
up town = mid - H. School

Barn Huston, TX
- age 10-11 - S. Texas

Family tx

Wife - like a water computer
B-4

- no pants afterwards

(2)

(1)
3 kids

35 - son - Cloud engineer

- Portland healthy

25 - dtr - U of - Law School
- environmental law

19

- U of Portland

- pre-med

- works @ RORC

All doing v. well - remarkably
well

Previously married - 1992-2006

Now married 10 yrs

Percy's - diabetes
(M) died 59 } brain tumor
smiley

F died 68

- alcoholic, better after 1990

2 younger bros
- terrible

3 yrs younger - medical issues
all life
some Gulf War Syndrome
- diabetic, HTN

Ross - 7 yrs younger - habits
cig + MT smoker
since teens
HTN, meas.

Never smoked - anything
Alcohol - variable
- weeks w/o
- social

Contemplated Quitting Business

he can't handle not being as was

- can't take not being as good - want to fire self

Project → work until 65 yrs → still project

I want to know about as I should + want to know about as I should + want to know about as I should

↑ manually - but financially

feel better + might make me

manage → it would be less difficult to

concentrate on it as well as use it

people want him to be open

11-6-2020 in revenue system 9-11

shipped 2011

⇒ might at going back to a

simple

restaurant - was full

used to run several businesses

but had to sell

(8)

SThing needs to be done
 we not going as
 should.

- not "my normal"

But I was
 I thought out doing work to
 be simpler

I'd want you to be open

When I was 11 I was still in
 the state of mind

I would be less difficult to
 manage
 I might make me
 feel better

but I'm not

I don't know how to
 deal with it

Neuropsychology & Cognitive Health

1808 Richards Rd
Suite 120
Bellevue, WA 98005

Invoice

Date	Invoice #
11/30/2018	104

Bill To
McMenamin & McMenamin Attorneys at Law

Patient Name	Terms
Brad Norman	Duc on receipt

Date of Service	Description	Quantity	Rate	Amount
9/10/2018	Forensic Neuropsychological Evaluation (including Interivcw, testing, interpretation time, report writing, record review and feedback appointment)		6,000.00	6,000.00
8/13/2018	Deposit for Forsensic Evaluation		-3,000.00	-3,000.00
			Total	\$3,000.00

Tax Id:27-3390260; please call 425-502-8341 if you have any questions. Thank you!

Payments/Credits	\$0.00
Customer Total Balance	\$3,000.00

Neuropsychology and Cognitive Health

12/7/2018

Brad Norman - Inv #104

3,000.00

First Federal Gen Acct Inv #104

3,000.00